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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/531,350
Filing Date	March 21, 2000
First Inventor	Steven S. Greenberg
Confirmation No.	6705
Group Art Unit	2123
Examiner Name	Craig, Dwin M
Total Number Of Pages In This Submission	20
Attorney Docket No.	AVA005 US

RECEIVEDJUN 23 2004
Technology Center 2100**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached -- Credit Card Payment Form (1 pg)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment (11 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation of Previous Powers; And Statement Under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RETURN RECEIPT POSTCARD Copies of 8 cited references
<input checked="" type="checkbox"/> Information Disclosure Statement (2 pages) and PTO-1449 (1 page)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application (2 pages)		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks Please update the attorney docket no. as shown above.
 Please charge Deposit Account 50-2263 for any underpaid fee.
 Please note that Assignee no longer claims small entity status.

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Omkar K. Suryadevara (Reg. No. 36,320) Silicon Valley Patent Group LLP 2350 Mission College Boulevard, Suite 360 Santa Clara, California 95054
Signature	
Date	June 15, 2004

EXPRESS MAIL LABEL NO. EV 448 867 250 US.



FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)
636

Complete if Known	
Application Number	09/531,350
Filing Date	March 21, 2000
First Named Inventor	Steven S. Greenberg
Group Art Unit	2123
Examiner Name	CRAIG, DWIN
Attorney Docket No.	AVA005 US

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JUN 23 2004

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge any underpayment and credit any overpayments to:

Deposit Account Number
50-2263Deposit Account Name
Silicon Valley Patent Group LLP

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

- Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)**0.00**

2. EXTRA CLAIM FEES

Total Claims	22-20	2	x	18	=	\$ 36
Independent Claims	4 - 4	0	x	86	=	\$ 0
Multiple Dependent		0		140	=	\$ 0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claims, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**36**

** or number previously paid, if greater; For reissues, see above.

FEE CALCULATION (continued)					
Technology Center 2100					Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	420
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee for provisional applications	
1806	180	1806	180	Submission of Information Disclosure Statement	180
8021	40	8021	40	Recording each patent assignment per properties (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$) 600

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Omkar K. Suryadevara	Registration No. (Attorney/Agent)	36,320	Telephone	(408) 982-8200 ext. 3
Signature	<i>S. Omkar</i>			Date	June 15, 2004